

CONFERENCE COMMITTEE REPORT

ON

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE BILL NO. 621

4556S08.1SR
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The Conference Committee appointed on House Committee Substitute for Senate Substitute for Senate Bill No. 621, with House Amendment Nos. 1, 2, 3, 4, 5, and 6, House Amendment No. 1 to House Amendment No. 7, House Amendment No. 7 as amended, House Amendment No. 8, House Amendment Nos. 1 and 2 to House Amendment No. 9, House Amendment No. 9 as amended, House Amendment No. 1 to House Amendment No. 10, and House Amendment No. 10 as amended, begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:


1. That the House recede from its position on House Committee Substitute for Senate Substitute for Senate Bill No. 621, as amended;


2. That the Senate recede from its position on Senate Substitute for Senate Bill No. 621;


3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Substitute for Senate Bill No. 621 be Third Read and Finally Passed.

FOR THE SENATE:


Gary Romine



David Sater


Dan Brown



Gina Walsh


Shalon "Kiki" Curls


FOR THE HOUSE:


Jason (Jay) Barnes


Sue Allen


Marsha Haefner


Jeanne Kirkton


Kip Kendrick

4556S.08S

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SENATE BILL NO. 621

AN ACT

To repeal sections 167.638, 174.335, 197.258, 197.315, 208.152, 208.670, 324.001, 334.108, and 335.175, RSMo, and to enact in lieu thereof twenty-seven new sections relating to health care, with an emergency clause for certain sections.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

1 Section A. Sections 167.638, 174.335, 197.258, 197.315,
2 208.152, 208.670, 324.001, 334.108, and 335.175, RSMo, are
3 repealed and twenty-seven new sections enacted in lieu thereof,
4 to be known as sections 9.154, 96.192, 167.638, 174.335, 191.594,
5 191.596, 191.1075, 191.1080, 191.1085, 191.1145, 191.1146,
6 192.380, 192.500, 197.258, 197.315, 198.054, 205.165, 208.152,
7 208.670, 208.671, 208.673, 208.675, 208.677, 208.686, 324.001,
8 334.108, and 335.175, to read as follows:

9 9.154. 1. August 28, 2016, and thereafter the date
10 designated by the show-me compassionate medical education
11 research project committee established in section 191.596, shall
12 be designated as "Show-Me Compassionate Medical Education Day" in

1 Missouri. The citizens of the state of Missouri are encouraged
2 to participate in appropriate activities and events to increase
3 awareness regarding medical education, medical student well-
4 being, and measures that have been shown to be effective, are
5 currently being evaluated for effectiveness, and are being
6 proposed for effectiveness in positively impacting medical
7 student well-being and education.

8 2. The director of the department of mental health shall
9 notify the revisor of statutes of the date selected by the show-
10 me compassionate medical education research project committee for
11 the show-me compassionate medical education day.

12 96.192. 1. The board of trustees of any hospital
13 authorized under subsection 2 of this section, and established
14 and organized under the provisions of sections 96.150 to 96.229,
15 may invest up to twenty-five percent of the hospital's funds not
16 required for immediate disbursement in obligations or for the
17 operation of the hospital in any United States investment grade
18 fixed income funds or any diversified stock funds, or both.

19 2. The provisions of this section shall only apply if the
20 hospital:

21 (1) Receives less than one percent of its annual revenues
22 from municipal, county, or state taxes; and

23 (2) Receives less than one percent of its annual revenue
24 from appropriated funds from the municipality in which such
25 hospital is located.

26 167.638. The department of health and senior services shall
27 develop an informational brochure relating to meningococcal
28 disease that states that [an immunization] immunizations against

1 meningococcal disease [is] are available. The department shall
2 make the brochure available on its website and shall notify every
3 public institution of higher education in this state of the
4 availability of the brochure. Each public institution of higher
5 education shall provide a copy of the brochure to all students
6 and if the student is under eighteen years of age, to the
7 student's parent or guardian. Such information in the brochure
8 shall include:

9 (1) The risk factors for and symptoms of meningococcal
10 disease, how it may be diagnosed, and its possible consequences
11 if untreated;

12 (2) How meningococcal disease is transmitted;

13 (3) The latest scientific information on meningococcal
14 disease immunization and its effectiveness, including information
15 on all meningococcal vaccines receiving a Category A or B
16 recommendation from the Advisory Committee on Immunization
17 Practices; [and]

18 (4) A statement that any questions or concerns regarding
19 immunization against meningococcal disease may be answered by
20 contacting the individuals's health care provider; and

21 (5) A recommendation that the current student or entering
22 student receive meningococcal vaccines in accordance with current
23 Advisory Committee on Immunization Practices of the Centers for
24 Disease Control and Prevention guidelines.

25 174.335. 1. Beginning with the 2004-05 school year and for
26 each school year thereafter, every public institution of higher
27 education in this state shall require all students who reside in
28 on-campus housing to have received the meningococcal vaccine not

1 more than five years prior to enrollment and in accordance with
2 the latest recommendations of the Advisory Committee on
3 Immunization Practices of the Centers for Disease Control and
4 Prevention, unless a signed statement of medical or religious
5 exemption is on file with the institution's administration. A
6 student shall be exempted from the immunization requirement of
7 this section upon signed certification by a physician licensed
8 under chapter 334 indicating that either the immunization would
9 seriously endanger the student's health or life or the student
10 has documentation of the disease or laboratory evidence of
11 immunity to the disease. A student shall be exempted from the
12 immunization requirement of this section if he or she objects in
13 writing to the institution's administration that immunization
14 violates his or her religious beliefs.

15 2. ~~Each~~ public university or college in this state shall
16 maintain records on the meningococcal vaccination status of every
17 student residing in on-campus housing at the university or
18 college.

19 3. Nothing in this section shall be construed as requiring
20 any institution of higher education to provide or pay for
21 vaccinations against meningococcal disease.

22 4. For purposes of this section, the term "on-campus
23 housing" shall include, but not be limited to, any fraternity or
24 sorority residence, regardless of whether such residence is
25 privately owned, on or near the campus of a public institution of
26 higher education.

27 191.594. 1. Sections 191.594 to 191.596 shall be known and
28 may be cited as the "Show-Me Compassionate Medical Education

1 Act".

2 2. No medical school in this state shall prohibit,
3 discourage, or otherwise restrict a medical student organization
4 or medical organization from undertaking or conducting a study of
5 the prevalence of depression and suicide or other mental health
6 issues among medical students. No medical school in this state
7 shall penalize, discipline, or otherwise take any adverse action
8 against a student or a medical student organization in connection
9 with such student's or medical student organization's
10 participation in, planning, or conducting a study of the
11 prevalence of depression and suicide or other mental health
12 issues among medical students.

13 3. For purposes of this section, the following terms shall
14 mean:

15 (1) "Medical organization" includes, but is not limited to,
16 organizations such as the Missouri State Medical Association and
17 the Missouri Association of Osteopathic Physicians and Surgeons;

18 (2) "Medical school", any allopathic or osteopathic school
19 of medicine in this state;

20 (3) "Medical student organization" includes, but is not
21 limited to, organizations such as the American Medical Student
22 Association, the Student Osteopathic Medical Association, and any
23 medical student section of a medical organization.

24 191.596. 1. Medical schools in this state may, in
25 collaboration with the show-me compassionate medical education
26 research project committee, conduct a single center or
27 multicenter study or studies, which, if conducted, shall be known
28 as the "Show-Me Compassionate Medical Education Research

1 Project", in order to facilitate the collection of data and
2 implement practices and protocols to minimize stress and reduce
3 the risk of depression and suicide for medical students in this
4 state.

5 2. There is hereby established the "Show-Me Compassionate
6 Medical Education Research Project Committee", which shall
7 consist of representatives from each of the medical schools in
8 this state and the director of the department of mental health,
9 or the director's designee. The committee shall:

10 (1) Conduct an initial meeting on August 28, 2016, to
11 organize, and meet as necessary thereafter to implement any
12 research project conducted; and

13 (2) Set the date for the show-me compassionate medical
14 education day designated under section 9.154. The date selected
15 shall be for 2017 and every year thereafter.

16 3. Any single center or multicenter study undertaken by the
17 committee or its member schools may include, but need not be
18 limited to, the following:

19 (1) Development of study protocols designed to identify the
20 root causes that contribute to the risk of depression and suicide
21 for medical students;

22 (2) Examination of the culture and academic program of
23 medical schools that may contribute to the risk of depression and
24 suicide for medical students;

25 (3) Collection of any relevant additional data including,
26 but not limited to, consultation and collaboration with mental
27 health professionals and mental health resources in the
28 communities where medical schools are located;

1 (4) Collaboration between the medical schools in this state
2 in order to share information and to identify and make
3 recommendations under subdivision (5) of this subsection; and

4 (5) Based on the data and findings under subdivisions (1)
5 to (3) of this subsection:

6 (a) Identification of the best practices to be implemented
7 at each medical school designed to address the root causes and
8 changes in medical school culture in order to minimize stress and
9 reduce the risk of depression and suicide for medical students;

10 (b) Recommendation of any statutory or regulatory changes
11 regarding licensure of medical professionals and recommendation
12 of any changes to common practices associated with medical
13 training or medical practice that the committee believes will
14 accomplish the goals set out in this section.

15 4. The committee shall prepare an annual report that shall
16 include any information under subdivision (5) of subsection 3 of
17 this section and any measures reported by any medical school as a
18 result of the findings under this section. The report shall be
19 made available annually on each medical school's website and to
20 the Missouri general assembly.

21 191.1075. As used in sections 191.1075 to 191.1085, the
22 following terms shall mean:

23 (1) "Department", the department of health and senior
24 services;

25 (2) "Health care professional", a physician or other health
26 care practitioner licensed, accredited, or certified by the state
27 of Missouri to perform specified health services;

28 (3) "Hospital":

1 (a) A place devoted primarily to the maintenance and
2 operation of facilities for the diagnosis, treatment, or care of
3 not less than twenty-four consecutive hours in any week of three
4 or more nonrelated individuals suffering from illness, disease,
5 injury, deformity, or other abnormal physical conditions; or

6 (b) A place devoted primarily to provide for not less than
7 twenty-four consecutive hours in any week medical or nursing care
8 for three or more unrelated individuals. "Hospital" does not
9 include convalescent, nursing, shelter, or boarding homes as
10 defined in chapter 198.

11 : 191.1080. 1. There is hereby created within the department
12 the "Missouri Palliative Care and Quality of Life
13 Interdisciplinary Council", which shall be a palliative care
14 consumer and professional information and education program to
15 improve quality and delivery of patient-centered and family-
16 focused care in this state.

17 2. On or before December 1, 2016, the following members
18 shall be appointed to the council:

19 (1) Two members of the senate, appointed by the president
20 pro tempore of the senate;

21 (2) Two members of the house of representatives, appointed
22 by the speaker of the house of representatives;

23 (3) Two board-certified hospice and palliative medicine
24 physicians licensed in this state, appointed by the governor with
25 the advice and consent of the senate;

26 (4) Two certified hospice and palliative nurses licensed in
27 this state, appointed by the governor with the advice and consent
28 of the senate;

1 (5) A certified hospice and palliative social worker,
2 appointed by the governor with the advice and consent of the
3 senate;

4 (6) A patient and family caregiver advocate representative,
5 appointed by the governor with the advice and consent of the
6 senate; and

7 (7) A spiritual professional with experience in palliative
8 care and health care, appointed by the governor with the advice
9 and consent of the senate.

10 3. Council members shall serve for a term of three years.
11 The members of the council shall elect a chair and vice chair
12 whose duties shall be established by the council. The department
13 shall determine a time and place for regular meetings of the
14 council, which shall meet at least biannually.

15 4. Members of the council shall serve without compensation,
16 but shall, subject to appropriations, be reimbursed for their
17 actual and necessary expenses incurred in the performance of
18 their duties as members of the council.

19 5. The council shall consult with and advise the department
20 on matters related to the establishment, maintenance, operation,
21 and outcomes evaluation of palliative care initiatives in this
22 state, including the palliative care consumer and professional
23 information and education program established in section
24 191.1085.

25 6. The council shall submit an annual report to the general
26 assembly, which includes an assessment of the availability of
27 palliative care in this state for patients at early stages of
28 serious disease and an analysis of barriers to greater access to

1 palliative care.

2 7. The council authorized under this section shall
3 automatically expire August 28, 2022.

4 191.1085. 1. There is hereby established the "Palliative
5 Care Consumer and Professional Information and Education Program"
6 within the department.

7 2. The purpose of the program is to maximize the
8 effectiveness of palliative care in this state by ensuring that
9 comprehensive and accurate information and education about
10 palliative care is available to the public, health care
11 providers, and health care facilities.

12 3. The department shall publish on its website information
13 and resources, including links to external resources, about
14 palliative care for the public, health care providers, and health
15 care facilities including, but not limited to:

16 (1) Continuing education opportunities for health care
17 providers;

18 (2) Information about palliative care delivery in the home,
19 primary, secondary, and tertiary environments; and

20 (3) Consumer educational materials and referral information
21 for palliative care, including hospice.

22 4. Each hospital in this state is encouraged to have a
23 palliative care presence on its intranet or internet website
24 which provides links to one or more of the following
25 organizations: the Institute of Medicine, the Center to Advance
26 Palliative Care, the Supportive Care Coalition, the National
27 Hospice and Palliative Care Organization, the American Academy of
28 Hospice and Palliative Medicine, and the National Institute on

1 Aging.

2 5. Each hospital in this state is encouraged to have
3 patient education information about palliative care available for
4 distribution to patients.

5 6. The department shall consult with the palliative care
6 and quality of life interdisciplinary council established in
7 section 191.1080 in implementing the section.

8 7. The department may promulgate rules to implement the
9 provisions of sections 191.1075 to 191.1085. Any rule or portion
10 of a rule, as that term is defined in section 536.010, that is
11 created under the authority delegated in sections 191.1075 to
12 191.1085 shall become effective only if it complies with and is
13 subject to all of the provisions of chapter 536 and, if
14 applicable, section 536.028. Sections 191.1075 to 191.1085 and
15 chapter 536 are nonseverable, and if any of the powers vested
16 with the general assembly pursuant to chapter 536 to review, to
17 delay the effective date, or to disapprove and annul a rule are
18 subsequently held unconstitutional, then the grant of rulemaking
19 authority and any rule proposed or adopted after August 28, 2016,
20 shall be invalid and void.

21 8. Notwithstanding the provisions of section 23.253 to the
22 contrary, the program authorized under this section shall
23 automatically expire on August 28, 2022.

24 191.1145. 1. As used in sections 191.1145 and 191.1146,
25 the following terms shall mean:

26 (1) "Asynchronous store-and-forward transfer", the
27 collection of a patient's relevant health information and the
28 subsequent transmission of that information from an originating

1 site to a health care provider at a distant site without the
2 patient being present;

3 (2) "Clinical staff", any health care provider licensed in
4 this state;

5 (3) "Distant site", a site at which a health care provider
6 is located while providing health care services by means of
7 telemedicine;

8 (4) "Health care provider", as that term is defined in
9 section 376.1350;

10 (5) "Originating site", a site at which a patient is
11 located at the time health care services are provided to him or
12 her by means of telemedicine. For the purposes of asynchronous
13 store-and-forward transfer, originating site shall also mean the
14 location at which the health care provider transfers information
15 to the distant site;

16 (6) "Telehealth" or "telemedicine", the delivery of health
17 care services by means of information and communication
18 technologies which facilitate the assessment, diagnosis,
19 consultation, treatment, education, care management, and self-
20 management of a patient's health care while such patient is at
21 the originating site and the health care provider is at the
22 distant site. Telehealth or telemedicine shall also include the
23 use of asynchronous store-and-forward technology.

24 2. Any licensed health care provider shall be authorized to
25 provide telehealth services if such services are within the scope
26 of practice for which the health care provider is licensed and
27 are provided with the same standard of care as services provided
28 in person.

1 3. In order to treat patients in this state through the use
2 of telemedicine or telehealth, health care providers shall be
3 fully licensed to practice in this state and shall be subject to
4 regulation by their respective professional boards.

5 4. Nothing in subsection 3 of this section shall apply to:

6 (1) Informal consultation performed by a health care
7 provider licensed in another state, outside of the context of a
8 contractual relationship, and on an irregular or infrequent basis
9 without the expectation or exchange of direct or indirect
10 compensation;

11 (2) Furnishing of health care services by a health care
12 provider licensed and located in another state in case of an
13 emergency or disaster; provided that, no charge is made for the
14 medical assistance; or

15 (3) Episodic consultation by a health care provider
16 licensed and located in another state who provides such
17 consultation services on request to a physician in this state.

18 5. Nothing in this section shall be construed to alter the
19 scope of practice of any health care provider or to authorize the
20 delivery of health care services in a setting or in a manner not
21 otherwise authorized by the laws of this state.

22 6. No originating site for services or activities provided
23 under this section shall be required to maintain immediate
24 availability of on-site clinical staff during the telehealth
25 services, except as necessary to meet the standard of care for
26 the treatment of the patient's medical condition if such
27 condition is being treated by an eligible health care provider
28 who is not at the originating site, has not previously seen the

1 patient in person in a clinical setting, and is not providing
2 coverage for a health care provider who has an established
3 relationship with the patient.

4 7. Nothing in this section shall be construed to alter any
5 collaborative practice requirement as provided in chapters 334
6 and 335.

7 191.1146. 1. Physicians licensed under chapter 334 who use
8 telemedicine shall ensure that a properly established physician-
9 patient relationship exists with the person who receives the
10 telemedicine services. The physician-patient relationship may be
11 established by:

12 (1) An in-person encounter through a medical interview and
13 physical examination;

14 (2) Consultation with another physician, or that
15 physician's delegate, who has an established relationship with
16 the patient and an agreement with the physician to participate in
17 the patient's care; or

18 (3) A telemedicine encounter, if the standard of care does
19 not require an in-person encounter, and in accordance with
20 evidence-based standards of practice and telemedicine practice
21 guidelines that address the clinical and technological aspects of
22 telemedicine.

23 2. In order to establish a physician-patient relationship
24 through telemedicine:

25 (1) The technology utilized shall be sufficient to
26 establish an informed diagnosis as though the medical interview
27 and physical examination has been performed in person; and

28 (2) Prior to providing treatment, including issuing

1 prescriptions, a physician who uses telemedicine shall interview
2 the patient, collect or review relevant medical history, and
3 perform an examination sufficient for the diagnosis and treatment
4 of the patient. A questionnaire completed by the patient,
5 whether via the internet or telephone, does not constitute an
6 acceptable medical interview and examination for the provision of
7 treatment by telehealth.

8 192.380. 1. For purposes of this section, the following
9 terms shall mean:

10 (1) "Birthing facility", any hospital as defined under
11 section 197.020 with more than one licensed obstetric bed or a
12 neonatal intensive care unit, a hospital operated by a state
13 university, or a birthing center licensed under sections 197.200
14 to 197.240;

15 (2) "Department", the department of health and senior
16 services.

17 2. After holding multiple public hearings in diverse
18 geographic regions of the state and seeking broad public and
19 stakeholder input, the department shall establish criteria for
20 levels of maternal care designations and levels of neonatal care
21 designations for birthing facilities. The levels developed under
22 this section shall be based upon:

23 (1) The most current published version of the "Levels of
24 Neonatal Care" developed by the American Academy of Pediatrics;

25 (2) The most current published version of the "Levels of
26 Maternal Care" developed by the American Congress of
27 Obstetricians and Gynecologists and the Society for Maternal-
28 Fetal Medicine; and

1 (3) Necessary variance when considering the geographic and
2 varied needs of citizens of this state.

3 3. Nothing in this section shall be construed in any way to
4 modify or expand the licensure of any health care professional.

5 4. Nothing in this section shall be construed in any way to
6 require a patient be transferred to a different facility.

7 5. The department shall promulgate rules to implement the
8 provisions of this section no later than January 1, 2017. Such
9 rules shall be limited to those necessary for the establishment
10 of levels of neonatal care designations and levels of maternal
11 care designations for birthing facilities under subsection 2 of
12 this section. Any rule or portion of a rule, as that term is
13 defined in section 536.010, that is created under the authority
14 delegated in this section shall become effective only if it
15 complies with and is subject to all of the provisions of chapter
16 536 and, if applicable, section 536.028. This section and
17 chapter 536 are nonseverable, and if any of the powers vested
18 with the general assembly pursuant to chapter 536 to review, to
19 delay the effective date, or to disapprove and annul a rule are
20 subsequently held unconstitutional, then the grant of rulemaking
21 authority and any rule proposed or adopted after August 28, 2016,
22 shall be invalid and void.

23 6. Beginning January 1, 2018, any hospital with a birthing
24 facility shall report to the department its appropriate level of
25 maternal care designation and neonatal care designation as
26 determined by the criteria outlined under subsection 2 of this
27 section.

28 7. Beginning January 1, 2018, any hospital with a birthing

1 facility operated by a state university shall report to the
2 department its appropriate level of maternal care designation and
3 neonatal care designation as determined by the criteria outlined
4 under subsection 2 of this section.

5 8. The department may partner with appropriate nationally
6 recognized professional organizations with demonstrated expertise
7 in maternal and neonatal standards of care to administer the
8 provisions of this section.

9 9. The criteria for levels of maternal and neonatal care
10 developed under subsection 2 of this section shall not include
11 pregnancy termination or counseling or referral for pregnancy
12 termination.

13 192.500. 1. For purposes of this section, the following
14 terms shall mean:

15 (1) "Cone beam computed tomography system", a medical
16 imaging device using x-ray computed tomography to capture data
17 using a cone-shaped x-ray beam;

18 (2) "Panoramic x-ray system", an imaging device that
19 captures the entire mouth in a single, two-dimensional image
20 including the teeth, upper and lower jaws, and surrounding
21 structures and tissues.

22 2. Cone beam computed tomography systems and panoramic x-
23 ray systems shall not be required to be inspected more frequently
24 than every six years.

25 197.258. 1. In addition to any survey pursuant to sections
26 197.250 to 197.280, the department may make such surveys as it
27 deems necessary during normal business hours. The department
28 shall survey every hospice not less than [once annually] every

1 three years. The hospice shall permit the department's
2 representatives to enter upon any of its business premises during
3 normal business hours for the purpose of a survey.

4 2. As a part of its survey of a hospice, the department may
5 visit the home of any client of such hospice with such client's
6 consent.

7 3. In lieu of any survey required by sections 197.250 to
8 197.280, the department may accept in whole or in part the survey
9 of any state or federal agency, or of any professional
10 accrediting agency, if such survey:

11 (1) Is comparable in scope and method to the department's
12 surveys; and

13 (2) Is conducted within one year of initial application for
14 or renewal of the hospice's certificate.

15 4. The department shall not be required to survey any
16 hospice providing service to Missouri residents through an office
17 located in a state bordering Missouri if such bordering state has
18 a reciprocal agreement with Missouri on hospice certification and
19 the area served in Missouri by the agency is contiguous to the
20 area served in the bordering state.

21 5. Any hospice which has its parent office in a state which
22 does not have a reciprocal agreement with Missouri on hospice
23 certification shall maintain a branch office in Missouri. Such
24 branch office shall maintain all records required by the
25 department for survey and shall be certificated as a hospice.

26 197.315. 1. Any person who proposes to develop or offer a
27 new institutional health service within the state must obtain a
28 certificate of need from the committee prior to the time such

1 services are offered.

2 2. Only those new institutional health services which are
3 found by the committee to be needed shall be granted a
4 certificate of need. Only those new institutional health
5 services which are granted certificates of need shall be offered
6 or developed within the state. No expenditures for new
7 institutional health services in excess of the applicable
8 expenditure minimum shall be made by any person unless a
9 certificate of need has been granted.

10 3. After October 1, 1980, no state agency charged by
11 statute to license or certify health care facilities shall issue
12 a license to or certify any such facility, or distinct part of
13 such facility, that is developed without obtaining a certificate
14 of need.

15 4. If any person proposes to develop any new institutional
16 health care service without a certificate of need as required by
17 sections 197.300 to 197.366, the committee shall notify the
18 attorney general, and he shall apply for an injunction or other
19 appropriate legal action in any court of this state against that
20 person.

21 5. After October 1, 1980, no agency of state government may
22 appropriate or grant funds to or make payment of any funds to any
23 person or health care facility which has not first obtained every
24 certificate of need required pursuant to sections 197.300 to
25 197.366.

26 6. A certificate of need shall be issued only for the
27 premises and persons named in the application and is not
28 transferable except by consent of the committee.

1 7. Project cost increases, due to changes in the project
2 application as approved or due to project change orders,
3 exceeding the initial estimate by more than ten percent shall not
4 be incurred without consent of the committee.

5 8. Periodic reports to the committee shall be required of
6 any applicant who has been granted a certificate of need until
7 the project has been completed. The committee may order the
8 forfeiture of the certificate of need upon failure of the
9 applicant to file any such report.

10 9. A certificate of need shall be subject to forfeiture for
11 failure to incur a capital expenditure on any approved project
12 within six months after the date of the order. The applicant may
13 request an extension from the committee of not more than six
14 additional months based upon substantial expenditure made.

15 10. Each application for a certificate of need must be
16 accompanied by an application fee. The time of filing commences
17 with the receipt of the application and the application fee. The
18 application fee is one thousand dollars, or one-tenth of one
19 percent of the total cost of the proposed project, whichever is
20 greater. All application fees shall be deposited in the state
21 treasury. Because of the loss of federal funds, the general
22 assembly will appropriate funds to the Missouri health facilities
23 review committee.

24 11. In determining whether a certificate of need should be
25 granted, no consideration shall be given to the facilities or
26 equipment of any other health care facility located more than a
27 fifteen-mile radius from the applying facility.

28 12. When a nursing facility shifts from a skilled to an

1 intermediate level of nursing care, it may return to the higher
2 level of care if it meets the licensure requirements, without
3 obtaining a certificate of need.

4 13. In no event shall a certificate of need be denied
5 because the applicant refuses to provide abortion services or
6 information.

7 14. A certificate of need shall not be required for the
8 transfer of ownership of an existing and operational health
9 facility in its entirety.

10 15. A certificate of need may be granted to a facility for
11 an expansion, an addition of services, a new institutional
12 service, or for a new hospital facility which provides for
13 something less than that which was sought in the application.

14 16. The provisions of this section shall not apply to
15 facilities operated by the state, and appropriation of funds to
16 such facilities by the general assembly shall be deemed in
17 compliance with this section, and such facilities shall be deemed
18 to have received an appropriate certificate of need without
19 payment of any fee or charge. The provisions of this subsection
20 shall not apply to hospitals operated by the state and licensed
21 under chapter 197, except for department of mental health state-
22 operated psychiatric hospitals.

23 17. Notwithstanding other provisions of this section, a
24 certificate of need may be issued after July 1, 1983, for an
25 intermediate care facility operated exclusively for the
26 intellectually disabled.

27 18. To assure the safe, appropriate, and cost-effective
28 transfer of new medical technology throughout the state, a

1 certificate of need shall not be required for the purchase and
2 operation of:

3 (1) Research equipment that is to be used in a clinical
4 trial that has received written approval from a duly constituted
5 institutional review board of an accredited school of medicine or
6 osteopathy located in Missouri to establish its safety and
7 efficacy and does not increase the bed complement of the
8 institution in which the equipment is to be located. After the
9 clinical trial has been completed, a certificate of need must be
10 obtained for continued use in such facility; or

11 (2) Equipment that is to be used by an academic health
12 center operated by the state in furtherance of its research or
13 teaching missions.

14 198.054. Each year between October first and March first,
15 all long-term care facilities licensed under this chapter shall
16 assist their health care workers, volunteers, and other employees
17 who have direct contact with residents in obtaining the
18 vaccination for the influenza virus by either offering the
19 vaccination in the facility or providing information as to how
20 they may independently obtain the vaccination, unless
21 contraindicated, in accordance with the latest recommendations of
22 the Centers for Disease Control and Prevention and subject to
23 availability of the vaccine. Facilities are encouraged to
24 document that each health care worker, volunteer, and employee
25 has been offered assistance in receiving a vaccination against
26 the influenza virus and has either accepted or declined.

27 205.165. 1. The board of trustees of any hospital
28 authorized under subsection 1 of this section and organized under

1 the provisions of sections 205.160 to 205.340 may invest up to
2 fifteen percent of their funds not required for immediate
3 disbursement in obligations or for the operation of the hospital
4 into any mutual fund, in the form of an investment company, in
5 which shareholders combine money to invest in a variety of
6 stocks, bonds, and money-market investments.

7 2. The provisions of this section shall only apply if the
8 hospital:

9 (1) Is located within a county of the first classification
10 with more than one hundred fifty thousand but fewer than two
11 hundred thousand inhabitants; and

12 (2) Receives less than one percent of its annual revenues
13 from county or state taxes.

14 208.152. 1. MO HealthNet payments shall be made on behalf
15 of those eligible needy persons as [defined] described in section
16 208.151 who are unable to provide for it in whole or in part,
17 with any payments to be made on the basis of the reasonable cost
18 of the care or reasonable charge for the services as defined and
19 determined by the MO HealthNet division, unless otherwise
20 hereinafter provided, for the following:

21 (1) Inpatient hospital services, except to persons in an
22 institution for mental diseases who are under the age of sixty-
23 five years and over the age of twenty-one years; provided that
24 the MO HealthNet division shall provide through rule and
25 regulation an exception process for coverage of inpatient costs
26 in those cases requiring treatment beyond the seventy-fifth
27 percentile professional activities study (PAS) or the MO
28 HealthNet children's diagnosis length-of-stay schedule; and

1 provided further that the MO HealthNet division shall take into
2 account through its payment system for hospital services the
3 situation of hospitals which serve a disproportionate number of
4 low-income patients;

5 (2) All outpatient hospital services, payments therefor to
6 be in amounts which represent no more than eighty percent of the
7 lesser of reasonable costs or customary charges for such
8 services, determined in accordance with the principles set forth
9 in Title XVIII A and B, Public Law 89-97, 1965 amendments to the
10 federal Social Security Act (42 U.S.C. Section 301, et seq.),
11 but; the MO HealthNet division may evaluate outpatient hospital
12 services rendered under this section and deny payment for
13 services which are determined by the MO HealthNet division not to
14 be medically necessary, in accordance with federal law and
15 regulations;

16 (3) Laboratory and X-ray services;

17 (4) Nursing home services for participants, except to
18 persons with more than five hundred thousand dollars equity in
19 their home or except for persons in an institution for mental
20 diseases who are under the age of sixty-five years, when residing
21 in a hospital licensed by the department of health and senior
22 services or a nursing home licensed by the department of health
23 and senior services or appropriate licensing authority of other
24 states or government-owned and -operated institutions which are
25 determined to conform to standards equivalent to licensing
26 requirements in Title XIX of the federal Social Security Act (42
27 U.S.C. Section 301, et seq.), as amended, for nursing facilities.
28 The MO HealthNet division may recognize through its payment

1 methodology for nursing facilities those nursing facilities which
2 serve a high volume of MO HealthNet patients. The MO HealthNet
3 division when determining the amount of the benefit payments to
4 be made on behalf of persons under the age of twenty-one in a
5 nursing facility may consider nursing facilities furnishing care
6 to persons under the age of twenty-one as a classification
7 separate from other nursing facilities;

8 (5) Nursing home costs for participants receiving benefit
9 payments under subdivision (4) of this subsection for those days,
10 which shall not exceed twelve per any period of six consecutive
11 months, during which the participant is on a temporary leave of
12 absence from the hospital or nursing home, provided that no such
13 participant shall be allowed a temporary leave of absence unless
14 it is specifically provided for in his plan of care. As used in
15 this subdivision, the term "temporary leave of absence" shall
16 include all periods of time during which a participant is away
17 from the hospital or nursing home overnight because he is
18 visiting a friend or relative;

19 (6) Physicians' services, whether furnished in the office,
20 home, hospital, nursing home, or elsewhere;

21 (7) Drugs and medicines when prescribed by a licensed
22 physician, dentist, podiatrist, or an advanced practice
23 registered nurse; except that no payment for drugs and medicines
24 prescribed on and after January 1, 2006, by a licensed physician,
25 dentist, podiatrist, or an advanced practice registered nurse may
26 be made on behalf of any person who qualifies for prescription
27 drug coverage under the provisions of P.L. 108-173;

28 (8) Emergency ambulance services and, effective January 1,

1 1990, medically necessary transportation to scheduled, physician-
2 prescribed nonelective treatments;

3 (9) Early and periodic screening and diagnosis of
4 individuals who are under the age of twenty-one to ascertain
5 their physical or mental defects, and health care, treatment, and
6 other measures to correct or ameliorate defects and chronic
7 conditions discovered thereby. Such services shall be provided
8 in accordance with the provisions of Section 6403 of P.L. 101-239
9 and federal regulations promulgated thereunder;

10 (10) Home health care services;

11 (11) Family planning as defined by federal rules and
12 regulations; provided, however, that such family planning
13 services shall not include abortions unless such abortions are
14 certified in writing by a physician to the MO HealthNet agency
15 that, in the physician's professional judgment, the life of the
16 mother would be endangered if the fetus were carried to term;

17 (12) Inpatient psychiatric hospital services for
18 individuals under age twenty-one as defined in Title XIX of the
19 federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

20 (13) Outpatient surgical procedures, including presurgical
21 diagnostic services performed in ambulatory surgical facilities
22 which are licensed by the department of health and senior
23 services of the state of Missouri; except, that such outpatient
24 surgical services shall not include persons who are eligible for
25 coverage under Part B of Title XVIII, Public Law 89-97, 1965
26 amendments to the federal Social Security Act, as amended, if
27 exclusion of such persons is permitted under Title XIX, Public
28 Law 89-97, 1965 amendments to the federal Social Security Act, as

1 amended;

2 (14) Personal care services which are medically oriented
3 tasks having to do with a person's physical requirements, as
4 opposed to housekeeping requirements, which enable a person to be
5 treated by his or her physician on an outpatient rather than on
6 an inpatient or residential basis in a hospital, intermediate
7 care facility, or skilled nursing facility. Personal care
8 services shall be rendered by an individual not a member of the
9 participant's family who is qualified to provide such services
10 where the services are prescribed by a physician in accordance
11 with a plan of treatment and are supervised by a licensed nurse.
12 Persons eligible to receive personal care services shall be those
13 persons who would otherwise require placement in a hospital,
14 intermediate care facility, or skilled nursing facility.
15 Benefits payable for personal care services shall not exceed for
16 any one participant one hundred percent of the average statewide
17 charge for care and treatment in an intermediate care facility
18 for a comparable period of time. Such services, when delivered
19 in a residential care facility or assisted living facility
20 licensed under chapter 198 shall be authorized on a tier level
21 based on the services the resident requires and the frequency of
22 the services. A resident of such facility who qualifies for
23 assistance under section 208.030 shall, at a minimum, if
24 prescribed by a physician, qualify for the tier level with the
25 fewest services. The rate paid to providers for each tier of
26 service shall be set subject to appropriations. Subject to
27 appropriations, each resident of such facility who qualifies for
28 assistance under section 208.030 and meets the level of care

1 required in this section shall, at a minimum, if prescribed by a
2 physician, be authorized up to one hour of personal care services
3 per day. Authorized units of personal care services shall not be
4 reduced or tier level lowered unless an order approving such
5 reduction or lowering is obtained from the resident's personal
6 physician. Such authorized units of personal care services or
7 tier level shall be transferred with such resident if he or she
8 transfers to another such facility. Such provision shall
9 terminate upon receipt of relevant waivers from the federal
10 Department of Health and Human Services. If the Centers for
11 Medicare and Medicaid Services determines that such provision
12 does not comply with the state plan, this provision shall be null
13 and void. The MO HealthNet division shall notify the revisor of
14 statutes as to whether the relevant waivers are approved or a
15 determination of noncompliance is made;

16 (15) Mental health services. The state plan for providing
17 medical assistance under Title XIX of the Social Security Act, 42
18 U.S.C. Section 301, as amended, shall include the following
19 mental health services when such services are provided by
20 community mental health facilities operated by the department of
21 mental health or designated by the department of mental health as
22 a community mental health facility or as an alcohol and drug
23 abuse facility or as a child-serving agency within the
24 comprehensive children's mental health service system established
25 in section 630.097. The department of mental health shall
26 establish by administrative rule the definition and criteria for
27 designation as a community mental health facility and for
28 designation as an alcohol and drug abuse facility. Such mental

1 health services shall include:

2 (a) Outpatient mental health services including preventive,
3 diagnostic, therapeutic, rehabilitative, and palliative
4 interventions rendered to individuals in an individual or group
5 setting by a mental health professional in accordance with a plan
6 of treatment appropriately established, implemented, monitored,
7 and revised under the auspices of a therapeutic team as a part of
8 client services management;

9 (b) Clinic mental health services including preventive,
10 diagnostic, therapeutic, rehabilitative, and palliative
11 interventions rendered to individuals in an individual or group
12 setting by a mental health professional in accordance with a plan
13 of treatment appropriately established, implemented, monitored,
14 and revised under the auspices of a therapeutic team as a part of
15 client services management;

16 (c) Rehabilitative mental health and alcohol and drug abuse
17 services including home and community-based preventive,
18 diagnostic, therapeutic, rehabilitative, and palliative
19 interventions rendered to individuals in an individual or group
20 setting by a mental health or alcohol and drug abuse professional
21 in accordance with a plan of treatment appropriately established,
22 implemented, monitored, and revised under the auspices of a
23 therapeutic team as a part of client services management. As
24 used in this section, mental health professional and alcohol and
25 drug abuse professional shall be defined by the department of
26 mental health pursuant to duly promulgated rules. With respect
27 to services established by this subdivision, the department of
28 social services, MO HealthNet division, shall enter into an

1 agreement with the department of mental health. Matching funds
2 for outpatient mental health services, clinic mental health
3 services, and rehabilitation services for mental health and
4 alcohol and drug abuse shall be certified by the department of
5 mental health to the MO HealthNet division. The agreement shall
6 establish a mechanism for the joint implementation of the
7 provisions of this subdivision. In addition, the agreement shall
8 establish a mechanism by which rates for services may be jointly
9 developed;

10 (16) Such additional services as defined by the MO
11 HealthNet division to be furnished under waivers of federal
12 statutory requirements as provided for and authorized by the
13 federal Social Security Act (42 U.S.C. Section 301, et seq.)
14 subject to appropriation by the general assembly;

15 (17) The services of an advanced practice registered nurse
16 with a collaborative practice agreement to the extent that such
17 services are provided in accordance with chapters 334 and 335,
18 and regulations promulgated thereunder;

19 (18) Nursing home costs for participants receiving benefit
20 payments under subdivision (4) of this subsection to reserve a
21 bed for the participant in the nursing home during the time that
22 the participant is absent due to admission to a hospital for
23 services which cannot be performed on an outpatient basis,
24 subject to the provisions of this subdivision:

25 (a) The provisions of this subdivision shall apply only if:

26 a. The occupancy rate of the nursing home is at or above
27 ninety-seven percent of MO HealthNet certified licensed beds,
28 according to the most recent quarterly census provided to the

1 department of health and senior services which was taken prior to
2 when the participant is admitted to the hospital; and

3 b. The patient is admitted to a hospital for a medical
4 condition with an anticipated stay of three days or less;

5 (b) The payment to be made under this subdivision shall be
6 provided for a maximum of three days per hospital stay;

7 (c) For each day that nursing home costs are paid on behalf
8 of a participant under this subdivision during any period of six
9 consecutive months such participant shall, during the same period
10 of six consecutive months, be ineligible for payment of nursing
11 home costs of two otherwise available temporary leave of absence
12 days provided under subdivision (5) of this subsection; and

13 (d) The provisions of this subdivision shall not apply
14 unless the nursing home receives notice from the participant or
15 the participant's responsible party that the participant intends
16 to return to the nursing home following the hospital stay. If
17 the nursing home receives such notification and all other
18 provisions of this subsection have been satisfied, the nursing
19 home shall provide notice to the participant or the participant's
20 responsible party prior to release of the reserved bed;

21 (19) Prescribed medically necessary durable medical
22 equipment. An electronic web-based prior authorization system
23 using best medical evidence and care and treatment guidelines
24 consistent with national standards shall be used to verify
25 medical need;

26 (20) Hospice care. As used in this subdivision, the term
27 "hospice care" means a coordinated program of active professional
28 medical attention within a home, outpatient and inpatient care

1 which treats the terminally ill patient and family as a unit,
2 employing a medically directed interdisciplinary team. The
3 program provides relief of severe pain or other physical symptoms
4 and supportive care to meet the special needs arising out of
5 physical, psychological, spiritual, social, and economic stresses
6 which are experienced during the final stages of illness, and
7 during dying and bereavement and meets the Medicare requirements
8 for participation as a hospice as are provided in 42 CFR Part
9 418. The rate of reimbursement paid by the MO HealthNet division
10 to the hospice provider for room and board furnished by a nursing
11 home to an eligible hospice patient shall not be less than
12 ninety-five percent of the rate of reimbursement which would have
13 been paid for facility services in that nursing home facility for
14 that patient, in accordance with subsection (c) of Section 6408
15 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

16 (21) Prescribed medically necessary dental services. Such
17 services shall be subject to appropriations. An electronic web-
18 based prior authorization system using best medical evidence and
19 care and treatment guidelines consistent with national standards
20 shall be used to verify medical need;

21 (22) Prescribed medically necessary optometric services.
22 Such services shall be subject to appropriations. An electronic
23 web-based prior authorization system using best medical evidence
24 and care and treatment guidelines consistent with national
25 standards shall be used to verify medical need;

26 (23) Blood clotting products-related services. For persons
27 diagnosed with a bleeding disorder, as defined in section
28 338.400, reliant on blood clotting products, as defined in

1 section 338.400, such services include:

2 (a) Home delivery of blood clotting products and ancillary
3 infusion equipment and supplies, including the emergency
4 deliveries of the product when medically necessary;

5 (b) Medically necessary ancillary infusion equipment and
6 supplies required to administer the blood clotting products; and

7 (c) Assessments conducted in the participant's home by a
8 pharmacist, nurse, or local home health care agency trained in
9 bleeding disorders when deemed necessary by the participant's
10 treating physician;

11 (24) The MO HealthNet division shall, by January 1, 2008,
12 and annually thereafter, report the status of MO HealthNet
13 provider reimbursement rates as compared to one hundred percent
14 of the Medicare reimbursement rates and compared to the average
15 dental reimbursement rates paid by third-party payors licensed by
16 the state. The MO HealthNet division shall, by July 1, 2008,
17 provide to the general assembly a four-year plan to achieve
18 parity with Medicare reimbursement rates and for third-party
19 payor average dental reimbursement rates. Such plan shall be
20 subject to appropriation and the division shall include in its
21 annual budget request to the governor the necessary funding
22 needed to complete the four-year plan developed under this
23 subdivision.

24 2. Additional benefit payments for medical assistance shall
25 be made on behalf of those eligible needy children, pregnant
26 women and blind persons with any payments to be made on the basis
27 of the reasonable cost of the care or reasonable charge for the
28 services as defined and determined by the MO HealthNet division,

1 unless otherwise hereinafter provided, for the following:

2 (1) Dental services;

3 (2) Services of podiatrists as defined in section 330.010;

4 (3) Optometric services as [defined] described in section
5 336.010;

6 (4) Orthopedic devices or other prosthetics, including eye
7 glasses, dentures, hearing aids, and wheelchairs;

8 (5) Hospice care. As used in this subdivision, the term
9 "hospice care" means a coordinated program of active professional
10 medical attention within a home, outpatient and inpatient care
11 which treats the terminally ill patient and family as a unit,
12 employing a medically directed interdisciplinary team. The
13 program provides relief of severe pain or other physical symptoms
14 and supportive care to meet the special needs arising out of
15 physical, psychological, spiritual, ~~social~~, and economic stresses
16 which are experienced during the final stages of illness, and
17 during dying and bereavement and meets the Medicare requirements
18 for participation as a hospice as are provided in 42 CFR Part
19 418. The rate of reimbursement paid by the MO HealthNet division
20 to the hospice provider for room and board furnished by a nursing
21 home to an eligible hospice patient shall not be less than
22 ninety-five percent of the rate of reimbursement which would have
23 been paid for facility services in that nursing home facility for
24 that patient, in accordance with subsection (c) of Section 6408
25 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

26 (6) Comprehensive day rehabilitation services beginning
27 early posttrauma as part of a coordinated system of care for
28 individuals with disabling impairments. Rehabilitation services

1 must be based on an individualized, goal-oriented, comprehensive
2 and coordinated treatment plan developed, implemented, and
3 monitored through an interdisciplinary assessment designed to
4 restore an individual to optimal level of physical, cognitive,
5 and behavioral function. The MO HealthNet division shall
6 establish by administrative rule the definition and criteria for
7 designation of a comprehensive day rehabilitation service
8 facility, benefit limitations and payment mechanism. Any rule or
9 portion of a rule, as that term is defined in section 536.010,
10 that is created under the authority delegated in this subdivision
11 shall become effective only if it complies with and is subject to
12 all of the provisions of chapter 536 and, if applicable, section
13 536.028. This section and chapter 536 are nonseverable and if
14 any of the powers vested with the general assembly pursuant to
15 chapter 536 to review, to delay the effective date, or to
16 disapprove and annul a rule are subsequently held
17 unconstitutional, then the grant of rulemaking authority and any
18 rule proposed or adopted after August 28, 2005, shall be invalid
19 and void.

20 3. The MO HealthNet division may require any participant
21 receiving MO HealthNet benefits to pay part of the charge or cost
22 until July 1, 2008, and an additional payment after July 1, 2008,
23 as defined by rule duly promulgated by the MO HealthNet division,
24 for all covered services except for those services covered under
25 subdivisions (14) and (15) of subsection 1 of this section and
26 sections 208.631 to 208.657 to the extent and in the manner
27 authorized by Title XIX of the federal Social Security Act (42
28 U.S.C. Section 1396, et seq.) and regulations thereunder. When

1 substitution of a generic drug is permitted by the prescriber
2 according to section 338.056, and a generic drug is substituted
3 for a name-brand drug, the MO HealthNet division may not lower or
4 delete the requirement to make a co-payment pursuant to
5 regulations of Title XIX of the federal Social Security Act. A
6 provider of goods or services described under this section must
7 collect from all participants the additional payment that may be
8 required by the MO HealthNet division under authority granted
9 herein, if the division exercises that authority, to remain
10 eligible as a provider. Any payments made by participants under
11 this section shall be in addition to and not in lieu of payments
12 made by the state for goods or services described herein except
13 the participant portion of the pharmacy professional dispensing
14 fee shall be in addition to and not in lieu of payments to
15 pharmacists. A provider may collect the co-payment at the time a
16 service is provided or at a later date. A provider shall not
17 refuse to provide a service if a participant is unable to pay a
18 required payment. If it is the routine business practice of a
19 provider to terminate future services to an individual with an
20 unclaimed debt, the provider may include uncollected co-payments
21 under this practice. Providers who elect not to undertake the
22 provision of services based on a history of bad debt shall give
23 participants advance notice and a reasonable opportunity for
24 payment. A provider, representative, employee, independent
25 contractor, or agent of a pharmaceutical manufacturer shall not
26 make co-payment for a participant. This subsection shall not
27 apply to other qualified children, pregnant women, or blind
28 persons. If the Centers for Medicare and Medicaid Services does

1 not approve the MO HealthNet state plan amendment submitted by
2 the department of social services that would allow a provider to
3 deny future services to an individual with uncollected co-
4 payments, the denial of services shall not be allowed. The
5 department of social services shall inform providers regarding
6 the acceptability of denying services as the result of unpaid co-
7 payments.

8 4. The MO HealthNet division shall have the right to
9 collect medication samples from participants in order to maintain
10 program integrity.

11 5. Reimbursement for obstetrical and pediatric services
12 under subdivision (6) of subsection 1 of this section shall be
13 timely and sufficient to enlist enough health care providers so
14 that care and services are available under the state plan for MO
15 HealthNet benefits at least to the extent that such care and
16 services are available to the general population in the
17 geographic area, as required under subparagraph (a)(30)(A) of 42
18 U.S.C. Section 1396a and federal regulations promulgated
19 thereunder.

20 6. Beginning July 1, 1990, reimbursement for services
21 rendered in federally funded health centers shall be in
22 accordance with the provisions of subsection 6402(c) and Section
23 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989)
24 and federal regulations promulgated thereunder.

25 7. Beginning July 1, 1990, the department of social
26 services shall provide notification and referral of children
27 below age five, and pregnant, breast-feeding, or postpartum women
28 who are determined to be eligible for MO HealthNet benefits under

1 section 208.151 to the special supplemental food programs for
2 women, infants and children administered by the department of
3 health and senior services. Such notification and referral shall
4 conform to the requirements of Section 6406 of P.L. 101-239 and
5 regulations promulgated thereunder.

6 8. Providers of long-term care services shall be reimbursed
7 for their costs in accordance with the provisions of Section 1902
8 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a,
9 as amended, and regulations promulgated thereunder.

10 9. Reimbursement rates to long-term care providers with
11 respect to a total change in ownership, at arm's length, for any
12 facility previously licensed and certified for participation in
13 the MO HealthNet program shall not increase payments in excess of
14 the increase that would result from the application of Section
15 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section
16 1396a (a)(13)(C).

17 10. The MO HealthNet division[,] may enroll qualified
18 residential care facilities and assisted living facilities, as
19 defined in chapter 198, as MO HealthNet personal care providers.

20 11. Any income earned by individuals eligible for certified
21 extended employment at a sheltered workshop under chapter 178
22 shall not be considered as income for purposes of determining
23 eligibility under this section.

24 12. If the Missouri Medicaid audit and compliance unit
25 changes any interpretation or application of the requirements for
26 reimbursement for MO HealthNet services from the interpretation
27 or application that has been applied previously by the state in
28 any audit of a MO HealthNet provider, the Missouri Medicaid audit

1 and compliance unit shall notify all affected MO HealthNet
2 providers five business days before such change shall take
3 effect. Failure of the Missouri Medicaid audit and compliance
4 unit to notify a provider of such change shall entitle the
5 provider to continue to receive and retain reimbursement until
6 such notification is provided and shall waive any liability of
7 such provider for recoupment or other loss of any payments
8 previously made prior to the five business days after such notice
9 has been sent. Each provider shall provide the Missouri Medicaid
10 audit and compliance unit a valid email address and shall agree
11 to receive communications electronically. The notification
12 required under this section shall be delivered in writing by the
13 United States Postal Service or electronic mail to each provider.

14 13. Nothing in this section shall be construed to abrogate
15 or limit the department's statutory requirement to promulgate
16 rules under chapter 536.

17 14. Beginning July 1, 2016, and subject to appropriations,
18 providers of behavioral, social, and psychophysiological services
19 for the prevention, treatment, or management of physical health
20 problems shall be reimbursed utilizing the behavior assessment
21 and intervention reimbursement codes 96150 to 96154 or their
22 successor codes under the Current Procedural Terminology (CPT)
23 coding system. Providers eligible for such reimbursement shall
24 include psychologists.

25 208.670. 1. As used in this section, these terms shall
26 have the following meaning:

27 (1) "Provider", any provider of medical services and mental
28 health services, including all other medical disciplines;

1 (2) "Telehealth", [the use of medical information exchanged
2 from one site to another via electronic communications to improve
3 the health status of a patient] the same meaning as such term is
4 defined in section 191.1145.

5 2. Reimbursement for the use of asynchronous store-and-
6 forward technology in the practice of telehealth in the MO
7 HealthNet program shall be allowed for orthopedics, dermatology,
8 ophthalmology and optometry, in cases of diabetic retinopathy,
9 burn and wound care, dental services which require a diagnosis,
10 and maternal-fetal medicine ultrasounds.

11 [2.] 3. The department of social services, in consultation
12 with the departments of mental health and health and senior
13 services, shall promulgate rules governing the practice of
14 telehealth in the MO HealthNet program. Such rules shall
15 address, but not be limited to, appropriate standards for the use
16 of telehealth, certification of agencies offering telehealth, and
17 payment for services by providers. Telehealth providers shall be
18 required to obtain [patient] participant consent before
19 telehealth services are initiated and to ensure confidentiality
20 of medical information.

21 [3.] 4. Telehealth may be utilized to service individuals
22 who are qualified as MO HealthNet participants under Missouri
23 law. Reimbursement for such services shall be made in the same
24 way as reimbursement for in-person contacts.

25 5. The provisions of section 208.671 shall apply to the use
26 of asynchronous store-and-forward technology in the practice of
27 telehealth in the MO HealthNet program.

28 208.671. 1. As used in this section and section 208.673,

1 the following terms shall mean:

2 (1) "Asynchronous store-and-forward", the transfer of a
3 participant's clinically important digital samples, such as still
4 images, videos, audio, text files, and relevant data from an
5 originating site through the use of a camera or similar recording
6 device that stores digital samples that are forwarded via
7 telecommunication to a distant site for consultation by a
8 consulting provider without requiring the simultaneous presence
9 of the participant and the participant's treating provider;

10 (2) "Asynchronous store-and-forward technology", cameras or
11 other recording devices that store images which may be forwarded
12 via telecommunication devices at a later time;

13 (3) "Consultation", a type of evaluation and management
14 service as defined by the most recent edition of the Current
15 Procedural Terminology published annually by the American Medical
16 Association;

17 (4) "Consulting provider", a provider who, upon referral by
18 the treating provider, evaluates a participant and appropriate
19 medical data or images delivered through asynchronous store-and-
20 forward technology. If a consulting provider is unable to render
21 an opinion due to insufficient information, the consulting
22 provider may request additional information to facilitate the
23 rendering of an opinion or decline to render an opinion;

24 (5) "Distant site", the site where a consulting provider is
25 located at the time the consultation service is provided;

26 (6) "Originating site", the site where a MO HealthNet
27 participant receiving services and such participant's treating
28 provider are both physically located;

1 (7) "Provider", any provider of medical, mental health,
2 optometric, or dental health services, including all other
3 medical disciplines, licensed and providing MO HealthNet services
4 who has the authority to refer participants for medical, mental
5 health, optometric, dental, or other health care services within
6 the scope of practice and licensure of the provider;

7 (8) "Telehealth", as that term is defined in section
8 191.1145;

9 (9) "Treating provider", a provider who:

10 (a) Evaluates a participant;

11 (b) Determines the need for a consultation;

12 (c) Arranges the services of a consulting provider for the
13 purpose of diagnosis and treatment; and

14 (d) Provides or supplements the participant's history and
15 provides pertinent physical examination findings and medical
16 information to the consulting provider.

17 2. The department of social services, in consultation with
18 the departments of mental health and health and senior services,
19 shall promulgate rules governing the use of asynchronous store-
20 and-forward technology in the practice of telehealth in the MO
21 HealthNet program. Such rules shall include, but not be limited
22 to:

23 (1) Appropriate standards for the use of asynchronous
24 store-and-forward technology in the practice of telehealth;

25 (2) Certification of agencies offering asynchronous store-
26 and-forward technology in the practice of telehealth;

27 (3) Timelines for completion and communication of a
28 consulting provider's consultation or opinion, or if the

1 consulting provider is unable to render an opinion, timelines for
2 communicating a request for additional information or that the
3 consulting provider declines to render an opinion;

4 (4) Length of time digital files of such asynchronous
5 store-and-forward services are to be maintained;

6 (5) Security and privacy of such digital files;

7 (6) Participant consent for asynchronous store-and-forward
8 services; and

9 (7) Payment for services by providers; except that,
10 consulting providers who decline to render an opinion shall not
11 receive payment under this section unless and until an opinion is
12 rendered.

13
14 Telehealth providers using asynchronous store-and-forward
15 technology shall be required to obtain participant consent before
16 asynchronous store-and-forward services are initiated and to
17 ensure confidentiality of medical information.

18 3. Asynchronous store-and-forward technology in the
19 practice of telehealth may be utilized to service individuals who
20 are qualified as MO HealthNet participants under Missouri law.
21 The total payment for both the treating provider and the
22 consulting provider shall not exceed the payment for a face-to-
23 face consultation of the same level.

24 4. The standard of care for the use of asynchronous store-
25 and-forward technology in the practice of telehealth shall be the
26 same as the standard of care for services provided in person.

27 208.673. 1. There is hereby established the "Telehealth
28 Services Advisory Committee" to advise the department of social

1 services and propose rules regarding the coverage of telehealth
2 services in the MO HealthNet program utilizing asynchronous
3 store-and-forward technology.

4 2. The committee shall be comprised of the following
5 members:

6 (1) The director of the MO HealthNet division, or the
7 director's designee;

8 (2) The medical director of the MO HealthNet division;

9 (3) A representative from a Missouri institution of higher
10 education with expertise in telehealth;

11 (4) A representative from the Missouri office of primary
12 care and rural health;

13 (5) Two board-certified specialists licensed to practice
14 medicine in this state;

15 (6) ~~A~~ representative from a hospital located in this state
16 that utilizes telehealth;

17 (7) A primary care physician from a federally qualified
18 health center (FOHC) or rural health clinic;

19 (8) A primary care physician from a rural setting other
20 than from an FOHC or rural health clinic;

21 (9) A dentist licensed to practice in this state; and

22 (10) A psychologist, or a physician who specializes in
23 psychiatry, licensed to practice in this state.

24 3. Members of the committee listed in subdivisions (3) to
25 (10) of subsection 2 of this section shall be appointed by the
26 governor with the advice and consent of the senate. The first
27 appointments to the committee shall consist of three members to
28 serve three-year terms, three members to serve two-year terms,

1 and three members to serve a one-year term as designated by the
2 governor. Each member of the committee shall serve for a term of
3 three years thereafter.

4 4. Members of the committee shall not receive any
5 compensation for their services but shall be reimbursed for any
6 actual and necessary expenses incurred in the performance of
7 their duties.

8 5. Any member appointed by the governor may be removed from
9 office by the governor without cause. If there is a vacancy for
10 any cause, the governor shall make an appointment to become
11 effective immediately for the unexpired term.

12 6. Any rule or portion of a rule, as that term is defined
13 in section 536.010, that is created under the authority delegated
14 in this section shall become effective only if it complies with
15 and is subject to all of the provisions of chapter 536 and, if
16 applicable, section 536.028. This section and chapter 536 are
17 nonseverable, and if any of the powers vested with the general
18 assembly pursuant to chapter 536 to review, to delay the
19 effective date, or to disapprove and annul a rule are
20 subsequently held unconstitutional, then the grant of rulemaking
21 authority and any rule proposed or adopted after August 28, 2016,
22 shall be invalid and void.

23 208.675. For purposes of the provision of telehealth
24 services in the MO HealthNet program, the following individuals,
25 licensed in Missouri, shall be considered eligible health care
26 providers:

27 (1) Physicians, assistant physicians, and physician
28 assistants;

1 (2) Advanced practice registered nurses;
2 (3) Dentists, oral surgeons, and dental hygienists under
3 the supervision of a currently registered and licensed dentist;
4 (4) Psychologists and provisional licensees;
5 (5) Pharmacists;
6 (6) Speech, occupational, or physical therapists;
7 (7) Clinical social workers;
8 (8) Podiatrists;
9 (9) Optometrists;
10 (10) Licensed professional counselors; and
11 (11) Eligible health care providers under subdivisions (1)
12 to (10) of this section practicing in a rural health clinic,
13 federally qualified health center, or community mental health
14 center.

15 208.677. 1. For purposes of the provision of telehealth
16 services in the MO HealthNet program, the term "originating site"
17 shall mean a telehealth site where the MO HealthNet participant
18 receiving the telehealth service is located for the encounter.
19 The standard of care in the practice of telehealth shall be the
20 same as the standard of care for services provided in person. An
21 originating site shall be one of the following locations:

22 (1) An office of a physician or health care provider;
23 (2) A hospital;
24 (3) A critical access hospital;
25 (4) A rural health clinic;
26 (5) A federally qualified health center;
27 (6) A long-term care facility licensed under chapter 198;
28 (7) A dialysis center;

1 (8) A Missouri state habilitation center or regional
2 office;

3 (9) A community mental health center;

4 (10) A Missouri state mental health facility;

5 (11) A Missouri state facility;

6 (12) A Missouri residential treatment facility licensed by
7 and under contract with the children's division. Facilities
8 shall have multiple campuses and have the ability to adhere to
9 technology requirements. Only Missouri licensed psychiatrists,
10 licensed psychologists, or provisionally licensed psychologists,
11 and advanced practice registered nurses who are MO HealthNet
12 providers shall be consulting providers at these locations;

13 (13) A comprehensive substance treatment and rehabilitation
14 (CSTAR) program;

15 (14) A school;

16 (15) The MO HealthNet recipient's home;

17 (16) A clinical designated area in a pharmacy; or

18 (17) A child assessment center as described in section
19 210.001.

20 2. If the originating site is a school, the school shall
21 obtain permission from the parent or guardian of any student
22 receiving telehealth services prior to each provision of service.

23 208.686. 1. Subject to appropriations, the department
24 shall establish a statewide program that permits reimbursement
25 under the MO HealthNet program for home telemonitoring services.
26 For the purposes of this section, "home telemonitoring service"
27 shall mean a health care service that requires scheduled remote
28 monitoring of data related to a participant's health and

1 transmission of the data to a health call center accredited by
2 the Utilization Review Accreditation Commission (URAC).

3 2. The program shall:

4 (1) Provide that home telemonitoring services are available
5 only to persons who:

6 (a) Are diagnosed with one or more of the following
7 conditions:

8 a. Pregnancy;

9 b. Diabetes;

10 c. Heart disease;

11 d. Cancer;

12 e. Chronic obstructive pulmonary disease;

13 f. Hypertension;

14 g. Congestive heart failure;

15 h. Mental illness or serious emotional disturbance;

16 i. Asthma;

17 j. Myocardial infarction; or

18 k. Stroke; and

19 (b) Exhibit two or more of the following risk factors:

20 a. Two or more hospitalizations in the prior twelve-month
21 period;

22 b. Frequent or recurrent emergency department admissions;

23 c. A documented history of poor adherence to ordered
24 medication regimens;

25 d. A documented history of falls in the prior six-month
26 period;

27 e. Limited or absent informal support systems;

28 f. Living alone or being home alone for extended periods of

1 time;

2 g. A documented history of care access challenges; or

3 h. A documented history of consistently missed appointments
4 with health care providers;

5 (2) Ensure that clinical information gathered by a home
6 health agency or hospital while providing home telemonitoring
7 services is shared with the participant's physician; and

8 (3) Ensure that the program does not duplicate any disease
9 management program services provided by MO HealthNet.

10 3. If, after implementation, the department determines that
11 the program established under this section is not cost effective,
12 the department may discontinue the program and stop providing
13 reimbursement under the MO HealthNet program for home
14 telemonitoring services.

15 4. The department shall determine whether the provision of
16 home telemonitoring services to persons who are eligible to
17 receive benefits under both the MO HealthNet and Medicare
18 programs achieves cost savings for the Medicare program.

19 5. If, before implementing any provision of this section,
20 the department determines that a waiver or authorization from a
21 federal agency is necessary for implementation of that provision,
22 the department shall request the waiver or authorization and may
23 delay implementing that provision until the waiver or
24 authorization is granted.

25 6. The department shall promulgate rules and regulations to
26 implement the provisions of this section. Any rule or portion of
27 a rule, as that term is defined in section 536.010, that is
28 created under the authority delegated in this section shall

1 become effective only if it complies with and is subject to all
2 of the provisions of chapter 536 and, if applicable, section
3 536.028. This section and chapter 536 are nonseverable, and if
4 any of the powers vested with the general assembly pursuant to
5 chapter 536 to review, to delay the effective date, or to
6 disapprove and annul a rule are subsequently held
7 unconstitutional, then the grant of rulemaking authority and any
8 rule proposed or adopted after August 28, 2016, shall be invalid
9 and void.

10 324.001. 1. For the purposes of this section, the
11 following terms mean:

12 (1) "Department", the department of insurance, financial
13 institutions and professional registration;

14 (2) "Director", the director of the division of
15 professional registration; and

16 (3) "Division", the division of professional registration.

17 2. There is hereby established a "Division of Professional
18 Registration" assigned to the department of insurance, financial
19 institutions and professional registration as a type III
20 transfer, headed by a director appointed by the governor with the
21 advice and consent of the senate. All of the general provisions,
22 definitions and powers enumerated in section 1 of the Omnibus
23 State Reorganization Act of 1974 and Executive Order 06-04 shall
24 apply to this department and its divisions, agencies, and
25 personnel.

26 3. The director of the division of professional
27 registration shall promulgate rules and regulations which
28 designate for each board or commission assigned to the division

1 the renewal date for licenses or certificates. After the initial
2 establishment of renewal dates, no director of the division shall
3 promulgate a rule or regulation which would change the renewal
4 date for licenses or certificates if such change in renewal date
5 would occur prior to the date on which the renewal date in effect
6 at the time such new renewal date is specified next occurs. Each
7 board or commission shall by rule or regulation establish
8 licensing periods of one, two, or three years. Registration fees
9 set by a board or commission shall be effective for the entire
10 licensing period involved, and shall not be increased during any
11 current licensing period. Persons who are required to pay their
12 first registration fees shall be allowed to pay the pro rata
13 share of such fees for the remainder of the period remaining at
14 the time the fees are paid. Each board or commission shall
15 provide the necessary forms for initial registration, and
16 thereafter the director may prescribe standard forms for renewal
17 of licenses and certificates. Each board or commission shall by
18 rule and regulation require each applicant to provide the
19 information which is required to keep the board's records
20 current. Each board or commission shall have the authority to
21 collect and analyze information required to support workforce
22 planning and policy development. Such information shall not be
23 publicly disclosed so as to identify a specific health care
24 provider, as defined in section 376.1350. Each board or
25 commission shall issue the original license or certificate.

26 4. The division shall provide clerical and other staff
27 services relating to the issuance and renewal of licenses for all
28 the professional licensing and regulating boards and commissions

1 assigned to the division. The division shall perform the
2 financial management and clerical functions as they each relate
3 to issuance and renewal of licenses and certificates. "Issuance
4 and renewal of licenses and certificates" means the ministerial
5 function of preparing and delivering licenses or certificates,
6 and obtaining material and information for the board or
7 commission in connection with the renewal thereof. It does not
8 include any discretionary authority with regard to the original
9 review of an applicant's qualifications for licensure or
10 certification, or the subsequent review of licensee's or
11 certificate holder's qualifications, or any disciplinary action
12 contemplated against the licensee or certificate holder. The
13 division may develop and implement microfilming systems and
14 automated or manual management information systems.

15 5. The director of the division shall maintain a system of
16 accounting and budgeting, in cooperation with the director of the
17 department, the office of administration, and the state auditor's
18 office, to ensure proper charges are made to the various boards
19 for services rendered to them. The general assembly shall
20 appropriate to the division and other state agencies from each
21 board's funds moneys sufficient to reimburse the division and
22 other state agencies for all services rendered and all facilities
23 and supplies furnished to that board.

24 6. For accounting purposes, the appropriation to the
25 division and to the office of administration for the payment of
26 rent for quarters provided for the division shall be made from
27 the "Professional Registration Fees Fund", which is hereby
28 created, and is to be used solely for the purpose defined in

1 subsection 5 of this section. The fund shall consist of moneys
2 deposited into it from each board's fund. Each board shall
3 contribute a prorated amount necessary to fund the division for
4 services rendered and rent based upon the system of accounting
5 and budgeting established by the director of the division as
6 provided in subsection 5 of this section. Transfers of funds to
7 the professional registration fees fund shall be made by each
8 board on July first of each year; provided, however, that the
9 director of the division may establish an alternative date or
10 dates of transfers at the request of any board. Such transfers
11 shall be made until they equal the prorated amount for services
12 rendered and rent by the division. The provisions of section
13 33.080 to the contrary notwithstanding, money in this fund shall
14 not be transferred and placed to the credit of general revenue.

15 7. The director of the division shall be responsible for
16 collecting and accounting for all moneys received by the division
17 or its component agencies. Any money received by a board or
18 commission shall be promptly given, identified by type and
19 source, to the director. The director shall keep a record by
20 board and state accounting system classification of the amount of
21 revenue the director receives. The director shall promptly
22 transmit all receipts to the department of revenue for deposit in
23 the state treasury to the credit of the appropriate fund. The
24 director shall provide each board with all relevant financial
25 information in a timely fashion. Each board shall cooperate with
26 the director by providing necessary information.

27 8. All educational transcripts, test scores, complaints,
28 investigatory reports, and information pertaining to any person

1 who is an applicant or licensee of any agency assigned to the
2 division of professional registration by statute or by the
3 department are confidential and may not be disclosed to the
4 public or any member of the public, except with the written
5 consent of the person whose records are involved. The agency
6 which possesses the records or information shall disclose the
7 records or information if the person whose records or information
8 is involved has consented to the disclosure. Each agency is
9 entitled to the attorney-client privilege and work-product
10 privilege to the same extent as any other person. Provided,
11 however, that any board may disclose confidential information
12 without the consent of the person involved in the course of
13 voluntary interstate exchange of information, or in the course of
14 any litigation concerning that person, or pursuant to a lawful
15 request, or to other administrative or law enforcement agencies
16 acting within the scope of their statutory authority.
17 Information regarding identity, including names and addresses,
18 registration, and currency of the license of the persons
19 possessing licenses to engage in a professional occupation and
20 the names and addresses of applicants for such licenses is not
21 confidential information.

22 9. Any deliberations conducted and votes taken in rendering
23 a final decision after a hearing before an agency assigned to the
24 division shall be closed to the parties and the public. Once a
25 final decision is rendered, that decision shall be made available
26 to the parties and the public.

27 10. A compelling governmental interest shall be deemed to
28 exist for the purposes of section 536.025 for licensure fees to

1 be reduced by emergency rule, if the projected fund balance of
2 any agency assigned to the division of professional registration
3 is reasonably expected to exceed an amount that would require
4 transfer from that fund to general revenue.

5 11. (1) The following boards and commissions are assigned
6 by specific type transfers to the division of professional
7 registration: Missouri state board of accountancy, chapter 326;
8 board of cosmetology and barber examiners, chapters 328 and 329;
9 Missouri board for architects, professional engineers,
10 professional land surveyors and landscape architects, chapter
11 327; Missouri state board of chiropractic examiners, chapter 331;
12 state board of registration for the healing arts, chapter 334;
13 Missouri dental board, chapter 332; state board of embalmers and
14 funeral directors, chapter 333; state board of optometry, chapter
15 336; Missouri state board of nursing, chapter 335; board of
16 pharmacy, chapter 338; state board of podiatric medicine, chapter
17 330; Missouri real estate appraisers commission, chapter 339; and
18 Missouri veterinary medical board, chapter 340. The governor
19 shall appoint members of these boards by and with the advice and
20 consent of the senate.

21 (2) The boards and commissions assigned to the division
22 shall exercise all their respective statutory duties and powers,
23 except those clerical and other staff services involving
24 collecting and accounting for moneys and financial management
25 relating to the issuance and renewal of licenses, which services
26 shall be provided by the division, within the appropriation
27 therefor. Nothing herein shall prohibit employment of
28 professional examining or testing services from professional

1 associations or others as required by the boards or commissions
2 on contract. Nothing herein shall be construed to affect the
3 power of a board or commission to expend its funds as
4 appropriated. However, the division shall review the expense
5 vouchers of each board. The results of such review shall be
6 submitted to the board reviewed and to the house and senate
7 appropriations committees annually.

8 (3) Notwithstanding any other provisions of law, the
9 director of the division shall exercise only those management
10 functions of the boards and commissions specifically provided in
11 the Reorganization Act of 1974, and those relating to the
12 allocation and assignment of space, personnel other than board
13 personnel, and equipment.

14 (4) "Board personnel", as used in this section or chapters
15 317, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337,
16 338, 339, 340, and 345, shall mean personnel whose functions and
17 responsibilities are in areas not related to the clerical duties
18 involving the issuance and renewal of licenses, to the collecting
19 and accounting for moneys, or to financial management relating to
20 issuance and renewal of licenses; specifically included are
21 executive secretaries (or comparable positions), consultants,
22 inspectors, investigators, counsel, and secretarial support staff
23 for these positions; and such other positions as are established
24 and authorized by statute for a particular board or commission.
25 Boards and commissions may employ legal counsel, if authorized by
26 law, and temporary personnel if the board is unable to meet its
27 responsibilities with the employees authorized above. Any board
28 or commission which hires temporary employees shall annually

1 provide the division director and the appropriation committees of
2 the general assembly with a complete list of all persons employed
3 in the previous year, the length of their employment, the amount
4 of their remuneration, and a description of their
5 responsibilities.

6 (5) Board personnel for each board or commission shall be
7 employed by and serve at the pleasure of the board or commission,
8 shall be supervised as the board or commission designates, and
9 shall have their duties and compensation prescribed by the board
10 or commission, within appropriations for that purpose, except
11 that compensation for board personnel shall not exceed that
12 established for comparable positions as determined by the board
13 or commission pursuant to the job and pay plan of the department
14 of insurance, financial institutions and professional
15 registration. Nothing herein shall be construed to permit
16 salaries for any board personnel to be lowered except by board
17 action.

18 12. All the powers, duties, and functions of the division
19 of athletics, chapter 317, and others, are assigned by type I
20 transfer to the division of professional registration.

21 13. Wherever the laws, rules, or regulations of this state
22 make reference to the "division of professional registration of
23 the department of economic development", such references shall be
24 deemed to refer to the division of professional registration.

25 14. (1) The state board of nursing, board of pharmacy,
26 Missouri dental board, state committee of psychologists, state
27 board of chiropractic examiners, state board of optometry,
28 Missouri board of occupational therapy, or state board of

1 registration for the healing arts may individually or
2 collectively enter into a contractual agreement with the
3 department of health and senior services, a public institution of
4 higher education, or a nonprofit entity for the purpose of
5 collecting and analyzing workforce data from its licensees,
6 registrants, or permit holders for future workforce planning and
7 to assess the accessibility and availability of qualified health
8 care services and practitioners in Missouri. The boards shall
9 work collaboratively with other state governmental entities to
10 ensure coordination and avoid duplication of efforts.

11 (2) The boards may expend appropriated funds necessary for
12 operational expenses of the program formed under this subsection.
13 Each board is authorized to accept grants to fund the collection
14 or analysis authorized in this subsection. Any such funds shall
15 be deposited in the respective board's fund.

16 (3) Data collection shall be controlled and approved by the
17 applicable state board conducting or requesting the collection.
18 Notwithstanding the provisions of section 334.001, the boards may
19 release identifying data to the contractor to facilitate data
20 analysis of the health care workforce including, but not limited
21 to, geographic, demographic, and practice or professional
22 characteristics of licensees. The state board shall not request
23 or be authorized to collect income or other financial earnings
24 data.

25 (4) Data collected under this subsection shall be deemed
26 the property of the state board requesting the data. Data shall
27 be maintained by the state board in accordance with chapter 610,
28 provided that any information deemed closed or confidential under

1 subsection 8 of this section or any other provision of state law
2 shall not be disclosed without consent of the applicable licensee
3 or entity or as otherwise authorized by law. Data shall only be
4 released in an aggregate form by geography, profession or
5 professional specialization, or population characteristic in a
6 manner that cannot be used to identify a specific individual or
7 entity. Data suppression standards shall be addressed and
8 established in the contractual agreement.

9 (5) Contractors shall maintain the security and
10 confidentiality of data received or collected under this
11 subsection and shall not use, disclose, or release any data
12 without approval of the applicable state board. The contractual
13 agreement between the applicable state board and contractor shall
14 establish a data release and research review policy to include
15 legal and institutional review board, or agency equivalent,
16 approval.

17 (6) Each board may promulgate rules subject to the
18 provisions of this subsection and chapter 536 to effectuate and
19 implement the workforce data collection and analysis authorized
20 by this subsection. Any rule or portion of a rule, as that term
21 is defined in section 536.010, that is created under the
22 authority delegated in this section shall become effective only
23 if it complies with and is subject to all of the provisions of
24 chapter 536 and, if applicable, section 536.028. This section
25 and chapter 536 are nonseverable, and if any of the powers vested
26 with the general assembly under chapter 536 to review, to delay
27 the effective date, or to disapprove and annul a rule are
28 subsequently held unconstitutional, then the grant of rulemaking

1 authority and any rule proposed or adopted after August 28, 2016,
2 shall be invalid and void.

3 334.108. 1. Prior to prescribing any drug, controlled
4 substance, or other treatment through telemedicine, as defined in
5 section 191.1145, or the internet, a physician shall establish a
6 valid physician-patient relationship as described in section
7 191.1146. This relationship shall include:

8 (1) Obtaining a reliable medical history and performing a
9 physical examination of the patient, adequate to establish the
10 diagnosis for which the drug is being prescribed and to identify
11 underlying conditions or contraindications to the treatment
12 recommended or provided;

13 (2) Having sufficient dialogue with the patient regarding
14 treatment options and the risks and benefits of treatment or
15 treatments;

16 (3) If appropriate, following up with the patient to assess
17 the therapeutic outcome;

18 (4) Maintaining a contemporaneous medical record that is
19 readily available to the patient and, subject to the patient's
20 consent, to the patient's other health care professionals; and

21 (5) [Including] Maintaining the electronic prescription
22 information as part of the patient's medical record.

23 2. The requirements of subsection 1 of this section may be
24 satisfied by the prescribing physician's designee when treatment
25 is provided in:

26 (1) A hospital as defined in section 197.020;

27 (2) A hospice program as defined in section 197.250;

28 (3) Home health services provided by a home health agency

1 as defined in section 197.400;

2 (4) Accordance with a collaborative practice agreement as
3 defined in section 334.104;

4 (5) Conjunction with a physician assistant licensed
5 pursuant to section 334.738;

6 (6) Conjunction with an assistant physician licensed under
7 section 334.036;

8 (7) Consultation with another physician who has an ongoing
9 physician-patient relationship with the patient, and who has
10 agreed to supervise the patient's treatment, including use of any
11 prescribed medications; or

12 [(7)] (8) On-call or cross-coverage situations.

13 3. No health care provider, as defined in section 376.1350,
14 shall prescribe any drug, controlled substance, or other
15 treatment to a patient based solely on an evaluation over the
16 telephone; except that, a physician, such physician's on-call
17 designee, an advanced practice registered nurse in a
18 collaborative practice arrangement with such physician, a
19 physician assistant in a supervision agreement with such
20 physician, or an assistant physician in a supervision agreement
21 with such physician may prescribe any drug, controlled substance,
22 or other treatment that is within his or her scope of practice to
23 a patient based solely on a telephone evaluation if a previously
24 established and ongoing physician-patient relationship exists
25 between such physician and the patient being treated.

26 4. No health care provider shall prescribe any drug,
27 controlled substance, or other treatment to a patient based
28 solely on an internet request or an internet questionnaire.

1 335.175. 1. No later than January 1, 2014, there is hereby
2 established within the state board of registration for the
3 healing arts and the state board of nursing the "Utilization of
4 Telehealth by Nurses". An advanced practice registered nurse
5 (APRN) providing nursing services under a collaborative practice
6 arrangement under section 334.104 may provide such services
7 outside the geographic proximity requirements of section 334.104
8 if the collaborating physician and advanced practice registered
9 nurse utilize telehealth in the care of the patient and if the
10 services are provided in a rural area of need. Telehealth
11 providers shall be required to obtain patient consent before
12 telehealth services are initiated and ensure confidentiality of
13 medical information.

14 2. As used in this section, "telehealth" [means the use of
15 medical information exchanged from one site to another via
16 electronic communications to improve the health status of a
17 patient, as defined in section 208.670] shall have the same
18 meaning as such term is defined in section 191.1145.

19 3. (1) The boards shall jointly promulgate rules governing
20 the practice of telehealth under this section. Such rules shall
21 address, but not be limited to, appropriate standards for the use
22 of telehealth.

23 (2) Any rule or portion of a rule, as that term is defined
24 in section 536.010, that is created under the authority delegated
25 in this section shall become effective only if it complies with
26 and is subject to all of the provisions of chapter 536 and, if
27 applicable, section 536.028. This section and chapter 536 are
28 nonseverable and if any of the powers vested with the general

1 assembly pursuant to chapter 536 to review, to delay the
2 effective date, or to disapprove and annul a rule are
3 subsequently held unconstitutional, then the grant of rulemaking
4 authority and any rule proposed or adopted after August 28, 2013,
5 shall be invalid and void.

6 4. For purposes of this section, "rural area of need" means
7 any rural area of this state which is located in a health
8 professional shortage area as defined in section 354.650.

9 5. Under section 23.253 of the Missouri sunset act:

10 (1) The provisions of the new program authorized under this
11 section shall automatically sunset six years after August 28,
12 2013, unless reauthorized by an act of the general assembly; and

13 (2) If such program is reauthorized, the program authorized
14 under this section shall automatically sunset twelve years after
15 the effective date of the reauthorization of this section; and

16 (3) This section shall terminate on September first of the
17 calendar year immediately following the calendar year in which
18 the program authorized under this section is sunset.

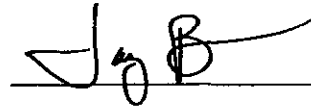
19 Section B. Because immediate action is necessary to ensure
20 the provision of health care services for and the well-being of
21 Missouri citizens, the enactment of sections 9.154, 191.594,
22 191.596, and 191.1145, and the repeal and reenactment of section
23 208.152 of this act is deemed necessary for the immediate
24 preservation of the public health, welfare, peace and safety, and
25 is hereby declared to be an emergency act within the meaning of
26 the constitution, and the enactment of sections 9.154, 191.594,
27 191.596, ~~the repeal and reenactment of section~~ ^{and} 191.1145, and the ^{dm}
28 repeal and reenactment of section 208.152 of this act shall be in

1 full force and effect upon its passage and approval.

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9 Gary Romine



Jason (Jay) Barnes